US Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

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For Official Use Only		
(AUD 18 PAID) READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT	
E SORON		
1 File Number û 19960	2 Fiscal Year Covered From	
	CH	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of i erson filing	4 Name file number and address of labor organization	
Name TONY CORRELL	Nate GRAPHIC COMMUNICATIONS UNION D C #2	
	Labor Organization File Number 044-243	
PO Box Bldg Room No If any	P O Box, Building and Room Number If any	
Street 530. GSWEE WAFWIE,	Street 710 E, COMMONWEALTH AVE	
City OAKLAND	City FULLERTON :	
State California ZIP Code +4 94610-4592	State California ZIP Code + 4 92831-3842	
5 Position in labor organization		
SPECIAL REPRESENTATIVE		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent	
6 Name and address of Employer (including trace in time if any)	7 a Nature of Interest, Transaction ³ or Income	
Name		
Trade Name If any		
PO Box Bldg Room No if any		
	7 b Amount	
Street		
City [
State ZIP Code + 4		
Signature		
15 Signature and verification The undersigned declares under penalty o submitted in this report (including the information contained in any accompanundersigned s knowledge and belief true correct and complete (See the se	ying documents) has been examined by the signatory and is to the best of the	
Signed	On 613-03 510-451-0309 Date Telephone Number	

Name of Person Filling TONY CORRELL		File Number U	
B Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent or directly to or otherwise	3	
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name			
Trade Name If any	a Labor Organiza	tion	
	b Trust		
PO Box Bldg Room No If any	c Employer		
Street			
City			
State ZIP Code + 4			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ng	
Name	A T I M I SA A	4 V	4.4
Trade Name if any		ť	!
PO Box Bidg Room No If any		¢ ,**	
Street		in accordance	· · · · · · · · · · · · · · · · · · ·
City	11 b Approximate dollar vali		
State ZIP Code + 4	12 a Nature of interest he	ia or income received	
		* How 6 * The .	. I d Ai M
		The state of the s	"特殊"。 "如此
	114 2 4		<u>, , , , , , , , , , , , , , , , , , , </u>
	12 b Amount		
C Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of money			
Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment DINNER		
Name GEORGIA PACIFIC	DIMIGN		
Trade Name if any			
PO Box Bidg Room No If any			
Street 55 PARK PLACE - 6TH FLOOR			
City ATLANTA			
State Georgia ZiP Coda + 4 30303		and the second	resonant product of the first order than
13 b is the Business an Employer 🗶 or Consultar t 🦳 ?	14 b Amount of payment		\$1